

Volunteer Leadership Program

Return applications to: events@aidr.org.au or upload via the online portal

Organisation Endorsement

I confirm that the applicant is a volunteer member in an emergency management focused agency and has agency endorsement to apply for this program.

First name	<input type="text"/>	Surname	<input type="text"/>	Organisation	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>		
Additional requirements	<input type="text"/>				

SIGNATURE

DATE

SIGNATURE

If your member has requested a single room, and your agency agrees to be invoiced the \$67 supplementary charge, please sign here.

Statement of Authenticity

I, the applicant, confirm that the information provided is true and correct and that I am an active volunteer in the emergency service sector.

First name	<input type="text"/>	Surname	<input type="text"/>
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SIGNATURE

DATE

Statement of Authenticity

- Please return completed applications to AIDR: events@aidr.org.au or submit online
- To help us process applications, please include the location, year of your preferred course, and your surname in the subject line of the email.
For example: VLP, Perth, 2017 SMITH

- Make sure you attach this application before sending

If you have any questions about the VLP or wish to discuss special needs, please contact us.